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CONFIRMATION NO. 2435

SERIAL NUMBER 10/729,523	FILING DATE 12/05/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. CRD0943CONT1
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APPLICANTS

Stephen West, Pembroke Pines, FL;

**** CONTINUING DATA ******* *yes*

This application is a CON of 10/141,411 05/08/2002 PAT 6,692,510 which claims benefit of 60/298,324 06/14/2001

**** FOREIGN APPLICATIONS ******* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *Philip S. Johnson* Examiner Signature *SS* Initials

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TITLE
 Aneurysm embolization device and deployment system

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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